Epidemiology Unit
Ministry of Health
231, De Saram Place, Colombo 10
Tel: (011) 2695112, 4740490 Fax: (011) 2696583 e-mail: epidunit@sltnet.lk

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EBOLA
Fact Sheet

Ebola disease

Ebola disease is a severe and often fatal illness in humans. The average case fatality rate is around 50%, though it has ranged from 25% to 90% in past outbreaks. The first recorded outbreaks occurred in 1976 in two locations: Nzara (present-day South Sudan) for SVD and Yambuku (in the Democratic Republic of the Congo) for EVD, the latter giving the disease its name from the nearby Ebola River.

Ebola disease (EBOD) is caused by viruses belonging to the Orthoebolavirus genus of the Filoviridae family. To date, six species of Orthoebolaviruses have been identified, with three — Ebola virus (EBOV), Sudan virus (SUDV), and Bundibugyo virus (BDBV) —known to cause large outbreaks, leading to Ebola virus disease (EVD), Sudan virus disease (SVD), and Bundibugyo virus disease (BVD), respectively. Fruit bats are believed to be the natural hosts of these viruses.

Transmission

Ebola virus disease enters human circulation through zoonotic transmission. Fruit bats are considered the natural hosts or reservoirs of the Orthoebolavirus. Infected fruit bats may transmit the virus to other animals such as chimpanzees, gorillas, monkeys, forest antelope, and porcupines through direct or indirect contact. Primary transmission to humans occurs when people come into close contact with the blood, secretions, organs, or other bodily fluids of infected animals that are found ill or dead in rainforest environments. Once the virus enters the human population, secondary transmission occurs through direct contact with the blood or body fluids of a person who is sick with or has died from Ebola disease. Transmission can occur through mucous membranes, broken skin, needle-stick or sharp injuries, as well as through contact with objects or surfaces contaminated with infected body fluids such as blood, faeces, or vomit.

Health workers and individuals involved in traditional burial practices are at particularly high risk of exposure and may significantly contribute to the spread of the disease if appropriate infection prevention and control measures are not strictly followed.

Symptoms

Symptoms of Ebola disease typically appear 2 to 21 days after infection. Patients may initially experience “dry” symptoms during the early stage of illness, including fever, fatigue, muscle pain, headache, and sore throat. These are often followed by “wet” symptoms such as vomiting, diarrhoea, abdominal pain and rash. As the disease progresses, impaired kidney and liver function may develop. In less frequent cases, internal and external bleeding, such as oozing from the gums or blood in the stools, can also occur. In some cases, neurological symptoms like confusion, irritability, and aggression may arise. Early detection and intervention by health workers are critical for effective treatment.

Diagnosis

Clinical diagnosis of Ebola disease can be challenging, particularly during the early stages, as its symptoms are similar to those of other infectious diseases such as malaria, typhoid fever, shigellosis, meningitis, and other viral haemorrhagic fevers. Confirmation of an Orthoebolavirus infection requires specific laboratory investigations, including reverse transcriptase polymerase chain reaction (RT -PCR) assays, antibody -capture enzyme -linked immunosorbent assays (ELISA), antigen -capture detection tests, and virus isolation by cell culture.

All samples collected from suspected or confirmed Ebola patients should be regarded as highly infectious and handled with extreme caution only by personnel trained in the collection and handling of filovirus samples. Proper handling, storage, and transportation of specimens are essential to ensure biosafety and maintain the accuracy of diagnostic testing. As these biological specimens pose an extreme biohazard risk, laboratory testing on non-inactivated samples should be performed only under maximum biological containment conditions. All non-inactivated specimens must be packaged using the recommended triple packaging system for both national and international transport. Samples should be appropriately packaged and transported to the nearest laboratory with demonstrated diagnostic capability as soon as possible after collection, preferably within 24 hours, in compliance with national and international transport regulations.

Treatment

Early intensive supportive care is the mainstay of management for Ebola virus disease and has been shown to improve survival. This includes prompt fluid resuscitation using oral or intravenous routes, correction of electrolyte imbalances, and comprehensive supportive management such as pain relief, fever control, nutritional support, and treatment of complications including vomiting, diarrhoea, and co-infections like malaria. Additional care may involve medications to maintain blood pressure and manage symptoms, as well as treatment of any secondary infections.

The World Health Organization (WHO) recommends specific monoclonal antibody therapies for Ebola virus disease, mAb114 (AnsuvimabTM) and REGN -EB3 (InmazebTM). However, no approved targeted treatments exist for Sudan or Bundibugyo virus diseases.

Two licensed vaccines, Ervebo (Merck) and Zabdeno/Mvabea (Janssen), are approved only for Ebola virus disease, with Ervebo recommended for outbreak response. Candidate vaccines are under development for other Ebola diseases.

Prevention and control

Effective outbreak control of Ebola virus disease requires a multi-faceted approach involving clinical care, surveillance, contact tracing, laboratory services, infection prevention and control in health facilities, safe burials, vaccination, and social mobilisation. Raising public awareness about risk factors and preventive measures is essential in reducing human transmission. Risk reduction messages should emphasize minimising contact with infected wildlife, avoiding the consumption of raw meat, and reducing human-to-human transmission by avoiding direct contact with infected individuals and their body fluids. Early isolation of patients in designated treatment centres is crucial to prevent household transmission. Community involvement, open dialogue, and education are vital to successful outbreak management. Infection prevention and control in healthcare settings are critical, with healthcare workers adhering to strict precautions, including hand hygiene, personal protective equipment, and safe injection and burial practices. When caring for patients with suspected or confirmed Ebola disease, additional infection control measures must be taken to prevent contact with blood, body fluids, and contaminated surfaces such as clothing and bedding, following specific guidelines for Ebola. Laboratory staff must also follow safety protocols when handling samples to prevent exposure during investigations of potential outbreaks.